

Town Supervisor  
**Kevin J. Tollisen**

Town Board  
**Paul Hotaling**  
**John Wasielewski**  
**Jeremy Connors**  
**Eric Catricala**



# TOWN of HALFMOON

**Dana A. Cunniff**  
**Receiver of Taxes**  
2A HALFMOON TOWN PLAZA  
HALFMOON, NY 12065  
COUNTY OF SARATOGA

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## Instructions for ACH Direct Draft with the Town of Halfmoon Water Payments

To sign up for the ACH program, complete this form and a voided check must be received by the first of the Month prior to billing. Example, for April billing we would need this form by March 1<sup>st</sup>, the money will be deducted from your checking account on the 20<sup>th</sup> of April OR by September 1, 2021 and the money will be deducted on October 20<sup>th</sup>. After completing this form, please return it with an original signature and voided check to:

*Town of Halfmoon Receiver of Taxes- 2A Halfmoon Town Plaza, Halfmoon, NY 12065.*

**NOTE:** You will still receive a water bill in the mail, however, **in the box that shows the "amount due after due date" will say PAID BY DRAFT.** By receiving the bill, you will know the amount to be deducted from your checking account.

### ***ACH Debit Authorization Form***

**PLEASE CLEARLY PRINT ALL INFORMATION**

I hereby authorize the Town of Halfmoon to initiate debit entries to my account at my financial institution listed below.

YOUR NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_ ACT TYPE: Checking **or** Savings

NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_

ROUTING #: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

ACCOUNT WILL BE DEBITED ON **APRIL 20<sup>TH</sup> & OCTOBER 20<sup>TH</sup>**

WATER BILL ACCOUNT NAME/ACT #: \_\_\_\_\_

**I understand and acknowledge that I am in full control of my payment and if anytime I decide to discontinue or in the event of any change to my account information, it is my responsibility to send written notification of such. *\*\*I further understand that any payment that is returned unpaid may be re-entered up to 2 times and each time returned you will be assessed an additional \$20.00 fee.***

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE